2008 ELECTION CYCLE CPR - SS 08-01(b)

OFFICE USE GHLY

CANDIDATE REPORT OF 2008

	RECEIPTS AND DISB	URSEMENTS	
Name of Candidate	ston E. Sulliva	^	
Address /60/ CA	1410 Ottolong, MS	County	hickasan
Telephone (Work) 662 447	57/5 (Home) 447	5718 (Fax)	
Contact Name	Email A	ddress	
Office Sought State	Representative District		
Check here if above is di	fferent from previous report		
	TYPE OF REPO • CHECK THE CATEGORY OF REP		•
October 28, 2008 Pre-	-Election Report (January 1, 2008	3, through October 25, 2008).	Mandator
	-Runoff Report (October 26, 2008		
acceptance of Acceptance Commission of	ual Report (January 1, 2008, thro		
Termination Report (Can	didate will no longer accept contrib no outstanding campaign debt or	outions or make campaign R	
(2) Until a candidate files a termination rep (3) The appropriate office must be in actua	IMPORTAN no contributions or expenditures have occur ns and expenditures during this period. ort, annual and periodic reports must still be to receipt of the required reports by 5:00 p.m. o	red. In such case, the candidate shall stilled in accordance with Miss. Code An	n. § 23-15-807 (b) (ii) and (iii).
office must be in actual receipt of the re	quired reports by 5:00 p.m. on the first worki	ng day before the deadline. Faxed repo	rts are acceptable.
(4) Contributions in excess of \$200 receive FAX or otherwise within 48 hours of the	d after the reporting period but more than 48 contribution. Use separate form "48 Hour Re	hours before 12:01 a.m. on the day of the port" to report such activity.	ne election must be reported by
	REPORTED CONTRIBUTION	S AND DISBURSEMENTS	3
	(itemized + non-itemized)	Total This Period	Calendar year-to-da
Total amount of contributions \$	+\$	\$ 1,250.00	\$ 1,250.08
Total amount of disbursements \$	+\$	\$	\$ 1,250.00

Total amount of cash on hand \$ 589.26 I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.



Secretary of State Capitol Office

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Page	/	of	
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Name of Candidate or Committee Preston F. Sullivar

Reporting period for 1st 2008 through Dec 3/ 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation		
☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT + T PAC Mailing Address	1012108	\$ 500.00
125 East Capital St City, State, Zip Code		\$
Name of Employer (Required)		\$
ATAT		\$
Occupation (Řequired)	Aggregate year-to-date	\$ 500.00
B. Source: □ Corporation □ PAC ☑ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name Programme Mailing Address	81/2108	\$ 250.00
Mailing Address 2008 West Main Suite A City, State, Zip Code		\$
City, State, Zip Code Tupolo M S 3880/ Name of Employer (Required)		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	81/2108	\$ 500.00
Mailing Address PO BOX 37 Fulton MS 38843		\$
City, State, 21p Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name	1 1	this period
Mailing Address		\$
City, State, Zip Code	1 1	\$
Name of Employer (Required)	1 1	\$
Occupation (Required)	Aggregate year-to-date	\$

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Name of Candidate or Committee	E Sulliva	
Panarting paried 1. / 24.6	41	- 0

ITEMIZED DISBURSEMENTS

A. Full name		_
Stern Helland Canada	Date (Mo., Day, Year)	Amount of each disbursement this period
Walling Address 1 2 2	3 12 108	\$ 300.00
Plantersville, m 5 38862	, ,	8
Purpose of Disbursement (Optional)	Aggregate	\$
B. Full name	Year-to-date	300.00
Victory PAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address City, State, Zip Code		\$ 500.60
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
Travis Chellers Canyang Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Bone of the 2015 POBON 497	518108	\$ 500.00
Dooneville ms 38829		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
Prela For Rife Chickeson County	Date (Mo., Day, Year)	Amount of each disbursement this period
mailing Address	313108	\$ 50.00
City, State, Zip Code How to MS 2885/ Purpose of Disbarsement (Optional)		\$
	Aggregate Year-to-date	\$ 50.00
E. Full name Mathew Kyle Benifit Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
maining Address	314108	\$ 50.00
Ottolong, MPS 38860	//_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 50.04
F. Full name Mehan Somith Benitit	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailfing Address /		\$ 60.00
City, State, Zip Code Houston, MS 38861	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 60.00

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Name of Candidate or Committee	Tresten E Sullivan		
Reporting period Jan 1 2.5	through As 3/	2008	

ITEMIZED DISBURSEMENTS

A. Full name		
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address City, State, Zip Code	119108	\$ 45.00
City, State, Zip Code Olivia 3886 8 Purpose of Disbursement (Optional)		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 45.00
B. Full name	Date	Amount of each
Chicker and Sound	(Mo., Day, Year)	disbursement this period
Hwy & City, State/Zip Code	118108	52.50
How ton, MS 3885 / Purpose of Disbursement (Optional)		8
	Aggregate Year-to-date	\$ 52.50
C. Full name WCPC Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
	218108	\$ 120.00
Month Jacks of State, Zip Code Honston, MS 3885/ Purpose of Disbursement (Optional)		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ /20.00
D. Full name	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period \$
City, State, Zip Code	'	3
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate	\$